

Verbal testimony

Good afternoon,

Senator Kohl, Senator Corker, and members of the Special Committee on Aging,

I am Dr. Stevan Gressitt, Founding Director of the Maine Institute for Safe Medicine, a collaboration of the University of Maine Center on Aging, Husson University College of Pharmacy, and the University of New England College of Pharmacy, and Associate Professor of Clinical Psychiatry, University of New England College of Osteopathic Medicine. I am the co-principal investigator on a US EPA grant, awarded in 2007, that tested the concept of using the US mail to remove unused and unwanted medication from the community.

Thank you for the opportunity to outline the why, what, and how of what we accomplished and sketch some of our findings and proposals.

Today, in nearly every home in America, the medicine cabinet contains unused prescription meds. Meds like oxycontin, valium and tylenol with codeine. All prescribed for legitimate purposes. Now sitting unused. A hazard to children. An attraction to burglaries. A source of teen drug use. And a source of pollution to our waterways.

In Maine, we've shown residents are eager to rid their homes of these unused medicines and their potential hazards. Provided there's an easy way to do so. And helping prevent the targeting of the elderly for burglaries.

After reviewing a number of drug abuse prevention materials and noting the great cost to purchase or join organizations we realized none of them were actually removing a single tablet from harms way. We felt that

there ought to be a way and researched Federal agency rules and regulations and realized that if our MDEA were explicitly responsible in state law that we could use the mails to have consumers dispose of their medication directly without a middle agent. We wanted to provide a 24/7 process and mailboxes are always open. We successfully passed that legislation in 2005 then went looking for funding. We made a mistake in our language and had to go back to amend our language to read no general revenue funds from Maine as we had unwisely agreed to language that originally forbade “public funds.” We then applied for and received a competitive US EPA grant in 2007. What is most significant however, is that our first step was the enabling legislation that clearly made facilitation of consumer unused medication as part of the MDEA scope which then placed us in a clear position to meet Federal DEA regulations and we are unaware of any other states that have taken this crucial step.

We completed that and a little over a month ago submitted our final report which I am providing the Committee in my written testimony.

What was critical to our success from the outset was the breadth of the coalition in Maine that was assembled to support the initial legislation. Maine Children’s Alliance, Maine Rivers, the Maine Medical and Psychiatric Associations, Maine Dental Association to name a few. Though there was some hesitation in the law enforcement community that has reversed dramatically as time has progressed in part due to the burgeoning problem with prescription drug abuse. Maine has been reported by the National Drug Intelligence Threat Assessment to have the nation’s highest perceived problem with crime and prescription drug abuse.

How the process works with the mailback is actually fairly simple for the consumer. From any of over 100 sites spread across the state a simple request at a counter of a pharmacy for a mailer will get the consumer a USPS approved pre-paid mailer with instructions inside and an elective survey form. They take the envelope home, put any unused medication they want to dispose of and anonymously put it in the mail. The post office box these are sent to is under the ownership of the Maine Drug Enforcement Agency.

As part of the EPA grant, MDEA made available, under supervision, the mailers to be opened and contents identified. No personal identifiers were taken at any time but the exact drug count was made till the volume became so great we had to revert to smaller and smaller sampling, currently at 10%. Demand for mailers is escalating rapidly as more is written about the problem of unused drug disposal and prescription drug abuse. We receive calls from virtually every state. We have received calls from other states who wish to buy our mailers and have them come to our receiving address.

The data were collected and analyzed to see which drugs were being returned. Using DAWN classification, the three most commonly returned drugs were Central Nervous System (which includes the scheduled controlled opiates) , then Cardiovascular and then Psychotherapeutics (which include the scheduled controlled benzodiazepines.)

17% of the returned drugs fall under DEA classification as Scheduled drugs. We have received drugs from 50 years ago, old tonics containing chloroform, completely unused 1000 mg morphine pump cartridges, and I have had the embarrassment of finding one of my own prescriptions that I had written some years previously and for a controlled drug at that.

Though we looked at the environmental impact of what was returned, approximately 50% of what was returned had little data available from the Swedish Janus classification system.

At our last annual conference a representative of the Swedish company Apoteket, the State Pharmacy attended as they saw no other data they found useful besides ours.

A member of my steering committee took the idea of curtailing initial prescription sizes to reduce waste to the state Medicaid office who considered the suggestion favorably and initiated a first new prescription for 3 groups of drugs, opiates, second generation antipsychotics and second generation antidepressants maximum fill length of 15 days. Recently I was told it appears that adherence and compliance are up as a direct reflection of this policy, which not just reduces waste but brings more attention to whether or not patients are taking their medication or having unacceptable side effects. CMS is issuing requests for comments on shorter first issue prescriptions and has taken steps to initiate that already.

Our initial project has evolved into a pilot that succeeded in proving a concept, removed over a ton of drugs from harms way whether that is defined as the harm from abuse, diversion, resale, or environmental impact. We believe that there is a need for:

1. Continuation of the program with adequate funding
2. Enabling legislation specifically for the US DEA to promulgate regulations that will encourage expanding not just our approach but community based return projects as well
3. Enabling legislation for the USPS for the same purpose

4. Facilitate communication between the various Federal agencies and Departments as the project falls squarely on many but not with one single lead.
5. Promote a national center for dissemination of best practices in drug disposal.

Thank you for this opportunity and will try and answer any questions you may have and